ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*B*		4/20/99
O.I.P.E. CLASSIFIER		10	4/28/99
F RMALITY REVIEW	EF	71568	4-28-99

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
− (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date						Claim		Date						Claim		Date					
Final	Original							Final	Original							Final	Original							
	1								51								101							
	2								52								102							
	3								53								103							
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	48								98								148							
	49								99								149							
	50								100								150							

If more than 150 claims or 10 actions
staple additional sheet here

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